

NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

Facility ID _____

Idaho Department of Environmental Quality, 1410 N Hilton, Boise ID 83706

TYPE OF NOTIFICATION
☐ **Notice** (install or closure) ☐ **New Facility** (site diagram & install docs required) ☐ **Updates** ☐ **Closure**
INSTRUCTIONS – See additional instructions on page 6

Please type or use ink. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form (pages 3, 4, & 5)

GENERAL INFORMATION

Notification is required by law for all underground storage tanks (USTs) storing regulated substances that are brought into use after May 8, 1986 or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification form is to provide information about the installation, existence, changes to, and closure of USTs that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Who must notify? Unless exempted, owners of USTs that store or will store regulated substances must notify DEQ.

1. Owner means -

a) in the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

c) in the case of a new installation on or after April 2, 2008, any person who will install an underground storage tank system

d) in the case of an underground storage tank closure, any person who will remove or close in place such tank

e) any facility that has undergone any changes to facility information or UST system status (only amended information needs to be included).

What tanks are included? Underground storage tank is defined as any one or combination of tanks that is used to contain an accumulation of "regulated substances," and whose volume (including connected underground piping) is 10% or more beneath the ground.

What tanks are excluded?

1. Tanks with a capacity of 110 gallons or less
2. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
3. tanks used for storing heating oil for consumptive use on the premises where stored;
4. septic tanks;
5. certain pipeline facilities regulated under chapters 601 and 603 of Title 49;
6. surface impoundments, pits, ponds, or lagoons;
7. storm water or wastewater collection systems;
8. flow-through process tanks;

9. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

10. tanks on or above the floor of underground areas, such as basements or tunnels;

11. wastewater treatment tanks;

12. UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954;

13. UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR Part 50.

What substances are covered? The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil, or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act.

Where to notify? Send completed forms to:

UST Coordinator
Idaho Department of Environmental Quality
1410 N. Hilton
Boise, ID 83706 Telephone: (208) 373-0502

When to notify? Owners of underground storage tank systems that are still in the ground must notify immediately. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. Owners who will install an UST system must notify 30 days prior to the installation. Owners who will replace 50% of piping connected to a single underground storage tank must notify 24 hours prior to the replacement. Owners who will close an UST must notify 30 days prior to the closure. Owners who have closed an UST must notify and indicate the date of closure.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty.

I. OWNERSHIP OF USTs

Name _____
Mailing Address _____
City _____
State _____
ZIP Code _____
County _____
Phone Number (With Area Code) _____
Email _____

II. LOCATION OF USTs

(If same as Section I, mark box here ☐)
Name _____
Street Address (no PO Box) _____
City _____
State _____
ZIP Code _____
County _____

III. TYPE OF OWNER

- ☐ Commercial ☐ Private ☐ State Government
☐ Federal Government ☐ Local Government

IV. TYPE OF FACILITY

Select the Appropriate Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Local Government | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> State Government | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal – Non-Military | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Aircraft Owner | <input type="checkbox"/> Federal – Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Commercial | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Industrial | <input type="checkbox"/> (Other) |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Contractor | |

V. CONTACT PERSON IN CHARGE OF TANKS

Name _____	City _____
Title _____	State _____
Address _____	Zip Code _____
	Phone _____
	Email _____

VI. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's
authorized representative (Print)

Name _____
Title _____

Signature _____

Date Signed _____

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR 280 Subpart H.

Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> State Insurance Fund (PSTF) | <input type="checkbox"/> Surety Bond |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Self Insurance |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Other Method Allowed, Specify _____ | |

VIII. Notices

IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
A. 30-day Tank and Piping Installation/24-hr Piping Replacement Notifications (see page 7)					
When will tank be installed or replaced?					
When will piping be installed or replaced?					
B. 30-day Notice of Closures (see page 7)					
When will tank be closed?					
Date tank was last used?					
Closure to be performed by: Company _____ Site Supervisor: _____ Phone: _____					

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

IDENTIFICATION NUMBER	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
A. Type of Tank (check all that apply)					
<input type="checkbox"/> Compartment <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Airport Fuel Hydrant <input type="checkbox"/> Manifold <input type="checkbox"/> Field-Constructed					
B. Status of Tank					
Currently In Use	Select	Select	Select	Select	Select
Temporarily Out of Use (Complete Section X, Estimated Date Last Used)					
Permanently Out of Use (Complete Section X, removal or closed in place)	Select	Select	Select	Select	Select
Date of Installation					
Total Capacity (gallons)					
Substance Currently or Last Stored	Select	Select	Select	Select	Select
CERCLA Name or CAS # (if hazardous)					
C. Tank Construction (Mark all that apply)					
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (STIP-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank been repaired? (circle one)	Select	Select	Select	Select	Select

D. Spill and Overfill Protection

Overfill Device Installed?	Select	Select	Select	Select	Select
Spill Bucket Installed?	Select	Select	Select	Select	Select

E. Piping Construction (Mark all that apply)

Plastic/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion Protection (Soil Isolation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Piping Type (Mark all that Apply)

Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Suction (check valve at dispenser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Suction (check valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired or replaced?	Select	Select	Select	Select	Select
Date of the repair or replacement					

G. Release Detection (Mark all that Apply)

	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Automatic Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Continuous Interstitial Double-Wall Monitoring (sensors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Interstitial Double-Wall Monitoring (record log)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging (1,000 gallons or less)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Electronic Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Annual Line Tightness Test		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
3-Year Line Tightness Test (US Suction Only)										
Not Required (safe suction piping, empty tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Under-Dispenser Spill Containment (required for new installations)

Is there under-dispenser spill containment for each new dispenser island?

Select

X. TANKS OUT OF USE OR CHANGE IN SERVICE**TANK IDENTIFICATION NUMBER**

Tank No.

Tank No.

Tank No.

Tank No.

Tank No.

Closing of Tank

Tank Was Removed From Ground

☐☐☐☐☐

Tanks Was Closed In Ground

☐☐☐☐☐

Estimated Date Last Used

Date Tank Closed

Tank Filled With Inert Material
(indicate material – sand, concrete)

Change in Service (no longer holds a regulated substance)

☐☐☐☐☐

Site Assessment Completed (samples taken)

Select

Select

Select

Select

Select

Evidence of a Release Detected?

Select

Select

Select

Select

Select

Release Reported to DEQ?

Select

Select

Select

Select

Select

Date Release Reported to DEQ

XI. CERTIFICATION OF COMPLIANCE

(Complete for installation of all new tanks and/or piping or for upgrading existing tanks and/or piping)

TANK IDENTIFICATION NUMBER

Tank No.

Tank No.

Tank No.

Tank No.

Tank No.

A. Installation (Mark all that apply)

Installer certified by tank and piping manufacturers

☐☐☐☐☐

Installer certified or licensed by a State

☐☐☐☐☐

Installation is inspected by a registered engineer

☐☐☐☐☐

Installation inspected by DEQ

☐☐☐☐☐

Manufacturer's installation checklists have been completed

☐☐☐☐☐

Note: The installer must complete this section only if work on your UST system has taken place since December 22, 1988.

OATH: I certify the information concerning installation is true to the best of my belief and knowledge.

Installation Company _____

Address: _____

Installer Name _____

Phone _____

Signature _____

Date _____

GENERAL INSTRUCTIONS

A separate notification form **must be filled out for each site** at which tanks are located. The questions are generally self-explanatory. Complete those sections of the form that pertain to your site.

(PAGE 1)

TYPE OF NOTIFICATION

- ✓ Check the **NOTICE** box if this is a notice that new or replacement tanks and/or piping and/or new under-dispenser containment will be installed at this site. Check this box if tank closure will occur. If checked, also fill out Section VIII and X for closures.
- ✓ Check the **NEW FACILITY** box if this is a new underground storage tank facility. A simple site diagram with each tank location and tank number is required. Installation/start-up testing documentation is required. There is no system in place for numbering tanks, please choose your own (most choose 1, 2, 3, etc).
- ✓ Check the **UPDATES** box if this is an update of a previously submitted notification form
- ✓ Check the **CLOSURE** box if you are notifying that you have closed an UST system. If checked, also fill out Section X.

I. **OWNERSHIP OF TANK(S)** – If you own more than one site, please indicate the same ownership information for **all sites owned**.

II. **LOCATION OF TANK(S)** - A separate notification form must be filled out for **each site** at which tanks are located. No P.O. Boxes, a specific street address is required.

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SECTIONS III.-V. Are self-explanatory.

VI. **CERTIFICATION** – Make sure that this section is properly filled out and **signed**.

VII. **FINANCIAL RESPONSIBILITY** (insurance) – Check the STATE INSURANCE FUND box **only** if you have been issued an insurance policy by Idaho's Petroleum Storage Tank Fund.

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VIII. **NOTICES** – (A) 30 days prior to new/replacement tank and new piping installations. 24 hours prior to replacement piping installations. (B) 30 days prior to closure. Contact your local fire and building departments to find out about any additional requirements. A site assessment is required for closures and must be submitted to DEQ. An updated notification form must be completed once closure occurs.

IX. **DESCRIPTION OF UNDERGROUND STORAGE TANKS** – Beginning on page 3 and continuing on pages 4, 5 and 6, make sure you provide an identification number for **each tank** and answer the questions that pertain to the tank. If, for example, you put tank number 1 information in column 1 on page 3, please make sure that tank number 1 information stays in column 1 on pages 4, 5 and 6.

(PAGE 5)

X. **TANKS OUT OF USE, OR CHANGE IN SERVICE** – Mark the CHANGE IN SERVICE box only if you now store an unregulated material in a tank that once stored a regulated material, i.e. gasoline to water. If this has occurred you must complete a site assessment.

SITE ASSESSMENT COMPLETED – A site assessment is required for all tanks closed since December 22, 1988. Site assessment requirements can be obtained from the Idaho Department of Environmental Quality through the address provided on page 1 of this form.

XI. **CERTIFICATION OF COMPLIANCE** – This section **must** be completed **and signed** by the installer.

INSTRUCTIONS FOR 30 DAY NOTICES

SECTION VIII.A. INSTALLATION/REPLACEMENT NOTICE

Fill out this section at least 30 days before a new or replacement tank installation is to occur and 24 hours before a piping replacement. In order to confirm the exact installation or replacement date, owners or their contractor must contact the regional DEQ office inspector if the estimated date changes.

SECTION VIII.B. CLOSURE NOTICE

Fill out this section at least 30 days before tank closure is to occur.

In order to confirm the exact removal date, owners or their contractor must contact the regional DEQ office AT LEAST 48 HOURS PRIOR TO REMOVAL. A site assessment must be performed and any petroleum releases must be reported to the local DEQ office. Records of closure must also be maintained and be made available upon DEQ's request for at least three years after closure. DEQ recommends keeping closure records indefinitely.

Contact your local fire and building departments prior to tank closure to find out about any additional permits that may be required by the county or other local jurisdictions.

CAUTION: UNDERGROUND STORAGE TANK REMOVAL CAN BE DANGEROUS!

This is a potentially dangerous operation due to flammability and other hazards associated with the contents of the tank. We recommend you hire an experienced contractor to perform closure work.

CAUTION: Tanks that previously contained petroleum products or hazardous chemicals must not be used for the storage of food or liquid intended for animal or human consumption.

AFTER TANK CLOSURE:

A signed Notification for Underground Storage Tanks form (this form) must be updated with closure information and submitted within 30 days of receiving the site assessment results.

You can also access this form via our website:

<http://www.deq.idaho.gov/waste-mgmt-remediation/storage-tanks/underground-storage-tanks/>